DEC - 2 2010

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective: (1) (2) Annual Premium Coverage Volume (Illinois) * 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Workers Compensation 3,499,953 16. Other: | (2) Annual Premium Volume (Illinois) * Change (+ or -) ** |
|--|--|
| Coverage Annual Premium Volume (Illinois) * 1 | Annual Premium Volume (Illinois) * Change (+ or -) * |
| 1 . Automobile Liability Private Passenger Commercial 2 . Automobile Physical Damage Private Passenger Commercial 3 . Liability Other than Auto 4 . Burglary and Theft 5 . Glass 6 . Fidelity 7 . Surety 8 . Boiler and Machinery 9 . Fire 10 . Extended Coverage 11 . Inland Marine 12 . Homeowners 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation 3 . Automobile Liability Private Passenger Commercial | |
| Private Passenger Commercial 2 . Automobile Physical Damage Private Passenger Commercial 3 . Liability Other than Auto 4 . Burglary and Theft 5 . Glass 6 . Fidelity 7 . Surety 8 . Boiler and Machinery 9 . Fire 10 . Extended Coverage 11 . Inland Marine 12 . Homeowners 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation 3 . A99,953 | 3,499,953 |
| Private Passenger Commercial 2 . Automobile Physical Damage Private Passenger Commercial 3 . Liability Other than Auto 4 . Burglary and Theft 5 . Glass 6 . Fidelity 7 . Surety 8 . Boiler and Machinery 9 . Fire 10 . Extended Coverage 11 . Inland Marine 12 . Homeowners 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation 3 . A99,953 | 3,499,953 |
| 2 . Automobile Physical Damage Private Passenger Commercial 3 . Liability Other than Auto 4 . Burglary and Theft 5 . Glass 6 . Fidelity 7 . Surety 8 . Boiler and Machinery 9 . Fire 10 . Extended Coverage 11 . Inland Marine 12 . Homeowners 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation Automobile Physical Damage Private Passenger Commercial Damage Private Passenger Liability Other than Auto Automobile Physical Damage Private Passenger Commercial Inland Marine 12 . Homeowners 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation 3,499,953 | 3,499,953 |
| Private Passenger Commercial 3 Liability Other than Auto 4 Burglary and Theft 5 Glass 6 Fidelity 7 Surety 8 Boiler and Machinery 9 Fire 10 Extended Coverage 11 Inland Marine 12 Homeowners 13 Commercial Multi-Peril 14 Crop Hail 15 Workers Compensation 3 A499,953 | 3,499,953 |
| Commercial 3 . Liability Other than Auto 4 . Burglary and Theft 5 . Glass 6 . Fidelity 7 . Surety 8 . Boiler and Machinery 9 . Fire 10 . Extended Coverage 11 . Inland Marine 12 . Homeowners 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation 3,499,953 | 3,499,953 |
| 3 . Liability Other than Auto 4 . Burglary and Theft 5 . Glass 6 . Fidelity 7 . Surety 8 . Boiler and Machinery 9 . Fire 10 . Extended Coverage 11 . Inland Marine 12 . Homeowners 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation 3,499,953 | 3,499,953 |
| 4 . Burglary and Theft 5 . Glass 6 . Fidelity 7 . Surety 8 . Boiler and Machinery 9 . Fire 10 . Extended Coverage 11 . Inland Marine 12 . Homeowners 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation 3,499,953 | 3,499,953 |
| 5 . Glass 6 . Fidelity 7 . Surety 8 . Boiler and Machinery 9 . Fire 10 . Extended Coverage 11 . Inland Marine 12 . Homeowners 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation 3,499,953 | 3,499,953 |
| 6 . Fidelity 7 . Surety 8 . Boiler and Machinery 9 . Fire 10 . Extended Coverage 11 . Inland Marine 12 . Homeowners 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation 3,499,953 | 3,499,953 |
| 7 . Surety 8 . Boiler and Machinery 9 . Fire 10 . Extended Coverage 11 . Inland Marine 12 . Homeowners 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation 3,499,953 | 3,499,953 1.7% |
| 8 . Boiler and Machinery 9 . Fire 10 . Extended Coverage 11 . Inland Marine 12 . Homeowners 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation 3,499,953 | 3,499,953 |
| 9 . Fire 10 . Extended Coverage 11 . Inland Marine 12 . Homeowners 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation 3,499,953 | 3,499,953 |
| 10 . Extended Coverage 11 . Inland Marine 12 . Homeowners 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation 3,499,953 | 3,499,953 |
| 11 . Inland Marine 12 . Homeowners 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation 3,499,953 | 3,499,953 1.7% |
| 12 . Homeowners 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation 3,499,953 | 3,499,953 1.7% |
| 13 . Commercial Multi-Peril 14 . Crop Hail 15 . Workers Compensation 3,499,953 | 3,499,953 1.7% |
| 14. Crop Hail 15. Workers Compensation 3,499,953 | 3,499,953 1.7% |
| 15. Workers Compensation 3,499,953 | 3,499,953 1.7% |
| | 3,499,953 1.7% |
| 16 . Other: | |
| | |
| | |
| oes filing only apply to certain territory (territories) or certain classes? If so, specify. | rtain classes? If so, specify. <u>Not Applicable</u> |
| | |



American Casualty Company of Reading, PA Name of Company

MAR 0 1 2011

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS Robert Anderson, ACAS, Actuarial Consulting Director Official - Title

FILED

RECEIVED

APR 0 1 2011

JAN - 3 2011

Form (RF-3) STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective 4/1/11 (3) (2) (1)Percent Annual Premium Volume (Illinois) * Change (+ or -) ** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail \$2,165,003 08 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories)or certain classes? If so, specify: NO Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Companion Commercial Insurance Company wishes to adopt NCCI's 1/1/11 loss cost with no change to our loss cost multiplier. We are requesting an effective date of March 15, 2011.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

| Companion | Commer | cial | Insurance | Company | |
|-----------|--------|------|-----------|---------|------|
| | Name | of C | Company | | |

Official - Title

FILED

JAN - 3 2011

Form (RF-3)

APR 0 1 2011

SUMMARY SHEET

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

STATE OF ILLINOIS
CharDEPARTMENTAGE INSURANCE or rate level produced by rate

| revisios PRINGFIELD 11/1/1/11 | <u></u> . | |
|--|---|---|
| (1) | (2) Annual Premium | (3) Percent |
| Coverage | Volume (Illinois)* | Change $(+ or -)**$ |
| Automobile Liability Private Passenger Commercial | | |
| Automobile Physical Damage Private Passenger Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensation | 13,040,523 | 0% |
| Line of Insurance | | |
| Does filing only apply to certain If so, specify: NO. | territory (territories)or | certain classes? |
| Brief description of filing. (If organization, specify organization | n): Companion Property an Company wishes to add cost with no change t | d Casualty Insurance opt NCCI's 1/1/11 loss o our loss cost requesting an effective |
| * Adjusted to reflect all prior result from application of new | vel which will | |

result from application of new

| Companion | Property | & Ca | sualty | Insurance | Company | |
|-----------|----------|-------|---------|-----------|---------|--|
| | Nam | e of | Compai | ny | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | 10 | era C | 35-5- | - | | |
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DEC - 2 2010

STATE OF ILLINOIS **DEPARTMENT OF INSURANCE SPRINGFIELD**

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

| Change is | n Company's premium or rate level produced by | 3/1/2011 | |
|-----------|---|-----------------------|--------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois) * | Change (+ or -) ** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other than Auto | | |
| 4. | Burglary and Theft | <u></u> | |
| 5. | Glass | | |
| 6. | Fidelity | . | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | . | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14 . | Crop Hail | | |
| 15. | Workers Compensation | 3,933,936 | -0.1% |
| 16. | Other: | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 1/1/2011 NCCI IL voluntary rates with an effective date of 3/1/2011

- In-force Written Premium
- Change in Company's premium level which will result from application of new rates.

ELED

Continental Casualty Company

Name of Company

MAR 0 1 2011

Robert Anderson, ACAS, Actuarial Consulting Director Official - Title

DEC - 2 2010

STATE OF ILLINOIS DEPARTMENT OF INSURANCE **SPRINGFIELD**

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

| | (1) | (2) Annual Premium | (3) Percent |
|----|----------------------------|-----------------------|-------------------|
| | Coverage | Volume (Illinois) * | Change (+ or -) * |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| ₹. | Fire | | |
| 0. | Extended Coverage | | |
| 1. | Inland Marine | | |
| 2. | Homeowners | | |
| 3. | Commercial Multi-Peril | | |
| 4. | Crop Hail | | |
| 5. | Workers Compensation | 152,394 | -1.0% |
| 6. | Other: | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify

Brief description of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 1/1/2011 NCCI IL voluntary rates with an effective date of 3/1/2011

- In-force Written Premium
- Change in Company's premium level which will result from application of new rates.

FILED

MAR 0 1 2011

The Continental Insurance Company Name of Company

Robert Anderson, ACAS, Actuarial Consulting Director Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

March 1, 2011 Change in Company's premium or rate level produced by rate revision effective (3) (1) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. 10. **Extended Coverage** 11. Inland Marine 12. Homeowners Commercial Multi-Peril 13. 14. Crop Hail 0.4% 444,838 (CY2009) 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): To adopt NCCI's 1/1/2011 loss costs

Crum & Forster Indemnity Company
Name of Company

MINO

്ന്റിcial – Title



MAR 0 1 2011

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2011 (3) (2) (1) **Percent Annual Premium** Change (+ or -)** Volume (Illinois)* Coverage Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** Glass 5. 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers' Compensation \$2,289,895 0.2% Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI loss cost circular IL-2010-10.

Farmland Mutual Insurance Company

Name of Company

Vice President - Underwriting

Official - Title



JUN 0 1 2011

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

DEC - 2 2010

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

| inge ii | n Company's premium or rate level produced by | 3/1/2011 | |
|---------|---|--|--------------------------------------|
| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+ or -) ** |
| | 00.0. g 0 | ,, | |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12 . | Homeowners | | |
| 13 . | Commercial Multi-Peril | | |
| 14 . | Crop Hail | | |
| 15 . | Workers Compensation | 13,625,079 | 2.7% |
| 16. | Other: | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 1/1/2011 NCCI IL voluntary rates with an effective date of 3/1/2011

- In-force Written Premium
- ** Change in Company's premium level which will result from application of new rates.



National Fire Insurance Company of Hartford

Name of Company

MAR 0 1 2011

Robert Anderson, ACAS, Actuarial Consulting Director
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 6/1/2011

| | (1) | (2) Annual Premium | (3) Percent |
|-----|--|--|-------------------------------------|
| | <u>Coverage</u> | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private | | |
| | Passenger Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| | Extended Coverage | | |
| | Inland Marine | | |
| | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| | Crop Hail | | |
| 15. | Other Workers' Compensation | \$3,812,626 | -1.4% |
| | Line of Insurance | | |
| Doe | es filing only apply to certain territory (| territories) or certain classes? If so, specify: | No. |
| | ef description of filing. (If filing follows r | rates of an advisory organization, specify orga | anization): Adopting NCCI loss cost |
| | | | |
| | | | |

Nationwide Agribusiness Insurance Company

Name of Company

Vice President - Underwriting

Official - Title



JUN 0 1 2011

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

March 1, 2011 Change in Company's premium or rate level produced by rate revision effective (3) (1) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. 10. **Extended Coverage** 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 0.4% Other Workers Compensation 4,985,199 (CY2009) 15. Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

To adopt NCCI's 1/1/2011 loss costs

The North River Insurance Company

Name of Company

Official - Title



MAR 0 1 2011

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

FILED

APR 0 1 2011

DEC -8 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

Form (RF-3)

- 14 . J

STATE OF ILLINOIS

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

| | Change in Company's premium or rate le | evel produced by rate revision effective | April 1, 2011 New April 1, 2011 Renewal |
|-------|---|--|--|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability | | , |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | 44.000 | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | 0.50/ |
| 15. | Other Workers Compensation | \$2,028,706 | +6.5% |
| | Line of Insurance | | |
| Does | filing only apply to certain territory (terri | itories) or certain classes? If so, specify: | |
| NO, | the filing applies to all territories a | illu classes. | |
| | - | | |
| Brief | description of filing. (If filing follows ra | ites of an advisory organization, specify | organization): |
| | otion of January 1, 2011 NCCI loss | | , |
| | | | |
| | | - | |
| | | | |

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Penn Millers Insurance Company

Name of Company

Stephanie Smith – Business Analyst II

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)



SUMMARY SHEET M

Official - Title

MAY 0 1 2011

| | (1) | (2) Annual Premium | (3) Percent |
|-------|---|---|--|
| | Coverage | Volume (Illinois) * | Change (+or-) ** |
| | omobile Liability Private | | |
| | ssenger | | |
| | mmercial | | |
| | omobile Physical Damag | | • |
| | vate Passenger mmercial | | *************************************** |
| | | | |
| | oility Other Than Auto glary and Theft | | |
| Gla | | | |
| Fide | | | |
| Sur | | | |
| | ler and Machinery | | |
| Fire | | | |
| | ended Coverage | *************************************** | |
| | nd Marine | | |
| Hor | neowners | | |
| Cor | nmercial Multi-Peril | | |
| Cro | p Hail | | |
| Oth | er Workers' Compensation | 1292660 | -6.48% |
| | Life of Insurance | | |
| Cla | es filing only apply to cert asses? If so, ecify: N/A | tain territory (territories) or | certain |
| | | | |
| | | filing follows rates of an a | dvisory |
| • | ganization, specify | Convite National Incomens | on Company I CM abanda to 1.40 |
| _ | anization): | | ce Company LCM change to 1.40, |
| terro | orism/catastropne rate revision, oth | er minor cosmetic changes to manu- | al pages. See cover letter for more info |
| | | rate changes. mium level which will resu | It from application of new |
| iatt | JJ. | Security National I | nsurance Company |
| | | | me of Company |
| | | Submitted by: Jame | es Shoenfelt, ACAS |

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 4-1-2011 .

| (1) | (2) | (3) |
|--|-----------------------------------|---------------------------|
| Garage ma | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| Coverage | volume (IIIIIOIS). | change (+ OI =) |
| Automobile Liability Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage Private Passenger | | |
| Commercial | | |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Workers Compensation | 18,306,913 | +10.0% |
| Line of Insurance | | |
| Does filing only apply to certain If so, specify: No | territory (territories)or | certain classes? |
| | | |
| | | |
| Brief description of filing. (If organization) | | n advisory |
| Adopt 1-1-2011 Advisory Rates with class deviati | | attachment. |
| 1 | 1 | 1000.00 |
| | | |

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.



Sentry Insurance a Mutual Company

Name of Company

APR 0 1 2011

STATE OF ILLINOIS
DEPARAMENT OF INCIDENTAL CONTROL CON

Mike Williams

- Vice President - Chief Actuary

Official - Title

H29219D

DEC - 2 2010

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

| ange ii | n Company's premium or rate level produced by | 3/1/2011 | |
|---------|---|-----------------------|--------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | Coverage | Volume (Illinois) * | Change (+ or -) ** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | *** | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13 . | Commercial Multi-Peril | | |
| 14 . | Crop Hail | | |
| 15. | Workers Compensation | 3,728,797 | 2.1% |
| 16 . | Other: | | <u></u> |

Does filing only apply to certain territory (territories) or certain classes? If so, specify.

Not Applicable

Brief description of filing (if filing follows rates of an advisory organization, specify organization).

We are adopting the 1/1/2011 NCCI IL voluntary rates with an effective date of 3/1/2011

- In-force Written Premium
- ** Change in Company's premium level which will result from application of new rates.

FILED

Transportation Insurance Company

Name of Company

MAR 0 1 2011

Robert Anderson, ACAS, Actuarial Consulting Director
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective March 1, 2011 (3) (1) **Annual Premium** Percent Volume (Illinois)* Change (+ or -)** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. **Burglary and Theft** 5. Glass 6. Fidelity 7. Surety 8. **Boiler and Machinery** 9. **Extended Coverage** 10. 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 5,343,324 (CY2009) 0.4% 15. Other Workers Compensation Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): To adopt NCCI's 1/1/2011 loss costs

United States Fire Insurance Company

Name of Company

Official - Title



MAR 0 1 2011

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

DEC - 2 2010

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

| Coverage Automobile Liability Private Passenger Commercial | Volume (Illinois) * | Change (+ or -) * |
|--|---|---|
| Private Passenger | | |
| <u> </u> | | |
| Commercial | | |
| Commercial | | |
| automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | | |
| iability Other than Auto | | |
| Surglary and Theft | | |
| Blass | | |
| idelity | | |
| urety | | |
| | | |
| ire | | |
| xtended Coverage | | - |
| nland Marine | | |
| Iomeowners | | |
| Commercial Multi-Peril | | |
| crop Hail | - | |
| Vorkers Compensation | 25,016,647 | 1.7% |
| Other: | | |
| | Commercial iability Other than Auto furglary and Theft idass idelity urety soiler and Machinery ire extended Coverage fuland Marine formeowners formmercial Multi-Peril forop Hail Vorkers Compensation | Commercial iability Other than Auto iurglary and Theft idass idelity urety urety ioiler and Machinery ire xtended Coverage iland Marine iomeowners iomercial Multi-Peril irop Hail Vorkers Compensation |

Brief description of filing (if filing follows rates of an advisory organization, specify organization). We are adopting the 1/1/2011 NCCI JL voluntary rates with an effective date of 3/1/2011

- * In-force Written Premium
- ** Change in Company's premium level which will result from application of new rates.



Valley Forge Insurance Company
Name of Company

MAR 0 1 2011

Robert Anderson, ACAS, Actuarial Consulting Director
Official - Title